

## APPLICATION DATA SHEET

### Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title:: Retrieval Basket With Releasable Tip

Attorney Docket Number:: BSC-188C1

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 5

Small Entity?:: No

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Robert

Middle Name::

Family Name:: Reynolds

Name Suffix::

City of Residence:: Northboro

State or Province of Residence:: MA  
Country of Residence:: USA  
Street of Mailing Address:: 9 Buckhill Road  
City of Mailing Address:: Northboro  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 01532

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: M.  
Middle Name:: Kevin  
Family Name:: Richardson  
Name Suffix::  
City of Residence:: Hopkinton  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of Mailing Address:: 19 Breakneck Hill Road  
City of Mailing Address:: Hopkinton  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 01748

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name::  
Family Name:: Bowen  
Name Suffix::  
City of Residence:: Stow  
State or Province of Residence:: MA

Country of Residence:: USA  
Street of Mailing Address:: 13 Red Acre Road  
City of Mailing Address:: Stow  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 01775

**Correspondence Information**

Correspondence Customer Number:: 021323

**Representative Information**

Representative Customer Number:: 021323

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	claims priority to	10/040,720	01/07/2002
10/040/720 is a	Non-provisional of	60/260,299	01/08/2001

**Assignee Information**

Assignee Name:: SCIMED Life Systems, Inc.  
City of Mailing Address:: Maple Grove  
State or Province of Mailing Address:: Minnesota  
Country of Mailing Address:: US

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